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Sut	stitute for form 1449/PTO			Complete if Known					
				Application Number	10/066,057				
IN.	IFORMATION	I DI	SCLOSURE	Filing Date	January 31, 2002				
s	TATEMENT I	3Y /	APPLICANT	First Named Inventor	Michael ZEMEL				
				Art Unit	1616				
	(Use as many sh	eets as	necessary)	Examiner Name	E.J. WEBMAN				
Sheet	1	of	2	Attorney Docket Number	31894-192403				

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Examiner	r Cite	Document Number	Publication Date	Name of Patentee or	Pages, Columns, Lines, When		
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*EXAMINER: Initial if reference considered, whether or not citation is in conformence with MPEP 609. Draw line through citation if not in conformence end not considered. Include copy of this form with next communication to applicant.

¹Applicant's unique distilon designation number (optional). ²Applicant is to place a check mark here if English language Translation is attached. DC2/902029

	Examiner //E Signature //E	bigail Fisher/	Date Considered	06/18/2008
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